

Date: June 29, 2020

To: Mayor and Members of the City Council

From: Thomas B. Modica, City Manager

Subject: Framework for Reconciliation Corresponding Data and Policing Policies

The City of Long Beach (City), along with other jurisdictions across the country and around the world, is facing a three-part crisis: a global pandemic (COVID-19), historic job losses and unemployment, and law enforcement violence, all of which greatly impact the Black community and other communities of color.

On June 23, 2020, the City Council unanimously adopted a Resolution acknowledging Racism as a Public Health Crisis and establishing a Framework for Reconciliation. This framework, per the Resolution, will focus on four steps: (1) acknowledging the existence and long-standing impacts of systemic racism in Long Beach and the country; (2) listening to accounts and experiences of racial injustice, inequity, or harm to community members; (3) convening stakeholders to evaluate the feedback from the listening process and shape policy, budgetary, charter and programmatic reform ideas; and, (4) catalyzing action, presenting immediate, short-term, medium-term and long-term recommendations for the City Council's consideration.

Currently, the City is conducting a series of virtual listening sessions and town halls to hear directly from our community to gain critical insights, and to identify recommendations from community members that will help the City as it analyzes its policies, procedures and practices. This analysis will shape the City's policies, City Charter and programmatic reform ideas to build a stronger and more safe, healthy, and equitable Long Beach.

At the center of the Reconciliation listening sessions and town halls is the intention to focus on systemic anti-Black racism. The five sessions conducted thus far have included topics around the nexus between racism and community health, housing and homelessness, and policing and public safety.

Major themes heard so far include:

- Reimagining public safety by decreasing investment in traditional models of law enforcement and policing, and creating alternatives to police being utilized for activities that might be better suited for a community health worker or mental health professional.
- Creating a more equitable and inclusive budget with increased investments in prevention, wellbeing, and safety (as defined by community).
- Advancing health equity through things like youth programming, supporting communitybased organizations that serve the Black community, mental health services, housing, education, and other opportunities.
- Advancing economic inclusion by increasing access to good paying jobs, developing
 policies to increase procurement relationships between small businesses and local
 government agencies, increasing access to capital, and other efforts to increase wealth
 in the Black community.

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• Institutionalizing racial equity into City policies, practices, programs, and services to dismantle racial inequities.

In tandem with listening to the community, the City's process must also include collecting, analyzing, and sharing current and historical data related to racial inequities. Differences in outcomes based on race persist in virtually every system in the United States, including schools, workplaces, the justice system, police departments, healthcare, and elsewhere. Racial inequities do not just harm Black people and other people of color, they ultimately create a community that is less safe and healthy for people of all backgrounds. The below snapshot of data regarding policing comes from a Stop Data report per the Racial Identity Profiling Act and the Long Beach Police Department's five-year Officer Involved Shooting (OIS) report. The Health Outcomes data comes from the Long Beach Department of Health and Human Services' 2019 Community Health Assessment. Finally, the Economic Outcomes data comes from a 2019 PolicyLink report entitled Equitable Growth Profile of the City of Long Beach. To ensure that the data used in this process is the most current available, staff will engage a third-party consultant to review and update the Equity Growth Profile, and other relevant data, as available.

POLICING

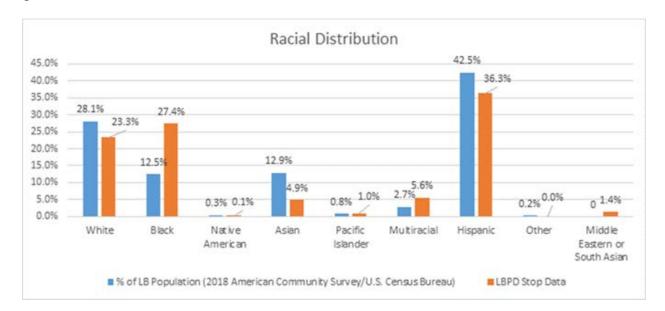
The Police Department collects data associated with arrests, officer-involved shootings, and most recently, stops. These data will help the City better understand any potential disparities within the system. Another consideration in understanding these data involves a comprehensive analysis of how police resources are deployed in communities of color. Historically, police resources are deployed based on crime data and community concerns regarding high rates of violent crime. Rethinking deployment strategies and continued development of equitable policies and practices are necessary to make sure that everyone within the Long Beach community feels safe and is treated without bias. The following and linked sets of data are new.

Traffic Stops

In compliance with the 2015 Racial Identity Profiling Act, the Long Beach Police Department was one of seven law enforcement agencies required to begin collecting stop data on January 1, 2019, for individuals stopped by police and consensual encounters that resulted in a search. The department collected data on 40,523 persons stopped during 2019 and submitted the data to the California Department of Justice by April 1, 2020, in compliance with the legislation.

Data elements collected include demographic information of the stopped individuals that are perceived by the officer, including race/ethnicity, gender, LGBT identity, age, English fluency, and perceived or known disability. The date, time, location, reason for the stop, actions taken, contraband/evidence discovered, property seized, and results of the stop are also included in the data collected.

While the data are still being analyzed, the preliminary analysis shows a noticeable disparity when comparing stop data for the Black community (27.4 percent) relative to its share of the population in Long Beach (12.5 percent), and a higher disparity than in other racial groups.



As part of the City's commitment to transparency, the raw <u>data</u> are being released to the public prior to the completion of a comprehensive analysis to determine the factors that may contribute to this disparity. These factors may include training, deployment strategies, patrol procedures, implicit bias, and the racial distribution within the City.

Officer Involved Shootings

The Police Department also released <u>data</u> regarding officer involved shootings from 2015 to 2019, including the number of incidents per year and corresponding racial breakdown of suspects. An officer involved shooting is defined as any time an officer discharges a firearm, regardless of whether it was a hit shooting, no-hit shooting, or unintentional discharge. The data show a steady decline in the number of officer involved shooting incidents from nine in 2015 to three in 2019 and racial breakdown of suspects involved: Hispanic/Latino (45.45 percent), Black (27.27 percent), Asian (12.1 percent), White (9.09 percent), Filipino (3.03 percent), and Other (3.03 percent).

Progressive Policies

As the country discusses and protests racial inequity, part of the conversation has focused on policies that can contribute to the elimination of violence attributed to police departments nationwide. The Long Beach Police Department has had some of these policies, outlined below, in place for years and have added more in 2020, and most recently with the suspension of the carotid restraint in June 2020.

- 1. Ban on Chokeholds and Strangleholds: The Long Beach Police Department does not allow chokeholds or strangleholds and, in early June 2020, a special order was issued suspending the use of the carotid restraint. The special order will act as policy while we further evaluate permanent removal of the carotid hold restraint.
- 2. Duty to Intervene: Officers are required to intervene when they observe unlawful behavior by another officer or perceive the use of force to be unreasonable and must subsequently report the observations to a supervisor.

- 3. Warning before Shooting: Before using force, where feasible, police officers are obligated to identify themselves as police officers and warn that deadly force may be used unless the officer(s) has objectively reasonable grounds to believe the person is aware of those facts.
- 4. Requires De-escalation: Officers are trained on various de-escalation techniques in an effort to stabilize a situation and reduce the immediacy of a threat, consequently, more options and resources can be utilized to gain voluntary compliance.
- 5. Requires Exhausting All Alternatives Before Shooting: Officers may use deadly force only when necessary in defense of human life. In determining whether deadly force is necessary, officers evaluate each situation based on the particular circumstances of each case and are required to use other available resources and techniques if reasonably safe.
- 6. Shooting at Moving Vehicles: Officers must observe an imminent threat or a need for immediate apprehension and weigh the need to shoot at a moving vehicle against the risk of harm to others.
- 7. Use of Force Paradigm: The Police Department utilizes a use of force paradigm, which provides officers with force options consistent with the level of reasonable force necessary to control each individual situation.
- 8. Requires Comprehensive Reporting: Any officer who is involved in, or witnesses, a use of force incident is required to file an independent report, which is then evaluated through a comprehensive, multi-level review process.
- 9. Body-Worn Cameras: As of January 2020, all patrol officers are equipped and required to wear a body-worn camera while performing their duties. These cameras are an important tool for collecting evidence and maintaining the public's trust.
- 10. Terminology: In 2016, the Police Department worked with our LGBTQ+ community to develop a training bulletin that enhances partnerships and trains all police employees to understand the common terminology used within the Long Beach community.

HEALTH OUTCOMES

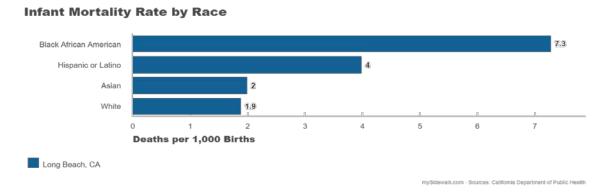
Seven out of ten Long Beach residents are people of color. Yet, persistent racial health inequities affect the well-being of the entire city. Common outcomes used to measure community health include infant mortality and low birth weight, life expectancy, and asthma hospitalizations.

Infant Mortality

Infant mortality is the death of a child before its first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. Infant mortality may be caused by birth defects, preterm birth or low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS), or injury such as suffocation. In addition to providing key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a community.

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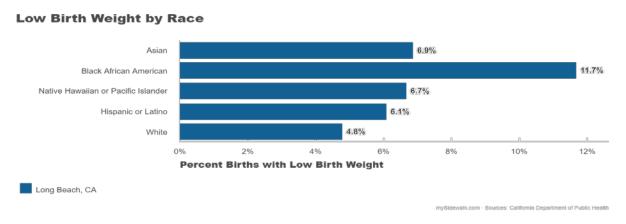
• The rate of infant mortality for African-American babies in Long Beach is 7.3 per 1,000, while the rate for Latinx is 4 and for White babies it is 1.9 (out of 1,000 births). The rate for African American babies is 3.8 times greater than the rate for White babies.



Low Birth Weight

Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces. Complications associated with low birth weight include higher risk of infection, difficulty regulating body temperature, poor feeding, and slow weight gain. The most common cause of low birth weight is premature birth, and mothers experiencing health problems are at higher risk for this condition.

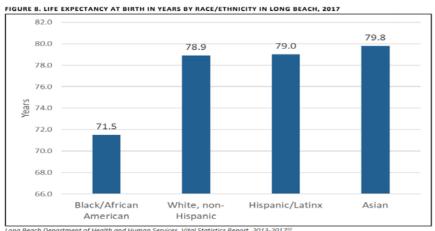
 The rate of low birth weight for Black babies is 11.7 percent compared to 6.9 percent for Asians, 6.7 percent for Native Hawaiian/Pacific Islanders, 6.1 percent for Hispanic or Latinos, and 4.8 percent for White babies.



Life Expectancy

Life expectancy is a measure that is often used to gauge the overall health of a community. When estimates for life expectancy are examined by race/ethnicity, the impact of systemic racism on health and wellness become evident. In Long Beach, the life expectancy for the Black population is much lower than for other racial/ethnic groups.

 The life expectancy at birth for Blacks in Long Beach in 2017 was 71.5 years, which was more than seven years lower than the other measured racial/ethnic groups.

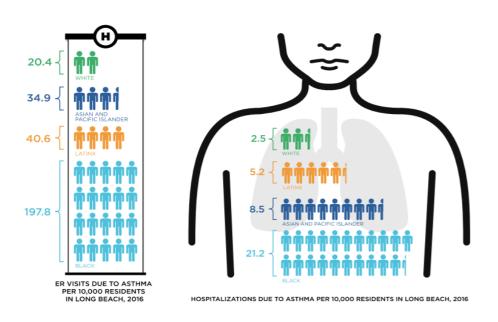


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Asthma Hospitalizations

Asthma makes breathing difficult for millions of people. African Americans are not only more likely to have asthma but also more likely to have complications due to asthma, resulting in more emergency department visits and hospitalizations. Risk factors for asthma include air pollution from industrial and vehicular sources, indoor air pollution, secondhand cigarette smoke, mold, mildew, and cockroach droppings. There is a stark disparity in hospitalization rates due to asthma for those identifying as Black versus other racial/ethnic groups, likely caused by increased exposure to environmental risk factors, chronic stress, and other factors caused by racism.

 For asthma hospitalizations in 2016, the age-adjusted rate among the Black population was 21.2 hospitalizations, a rate nearly 9 times higher than the rate for the White population at 2.5 hospitalizations (per 10,000 residents).



Sources of data: Long Beach 2019 Community Health Assessment

Long Beach Community Health Assessment Dashboard

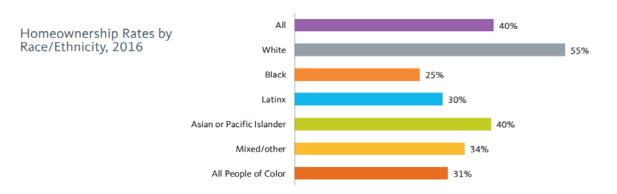
ECONOMIC OUTCOMES

Homeownership

Homeownership is the single greatest source of generational wealth, stability, and social mobility in this country; yet Black communities have been systematically shut out of homeownership through historical (such as covenants, redlining, blockbusting) and contemporary (subprime/risk-based mortgages, predatory lending) real estate practices.

• The homeownership rate for Black Long Beach residents is 25 percent, a rate that is less than half that of White residents at 55 percent.

Over half of White residents are homeowners compared with one-quarter of Black residents. Homeownership rates for Asian or Pacific Islander residents are relatively high as well (40 percent).



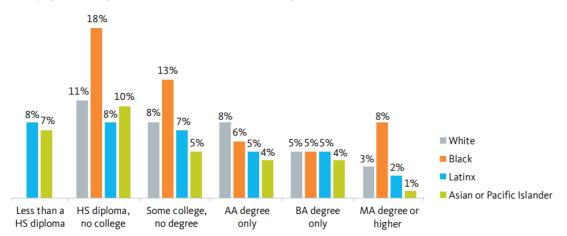
Education and Employment

Education contributes to greater productivity, innovation, and economic growth, yet education alone does not eliminate racial inequities. According to PolicyLink's Equitable Growth Profile of Long Beach, African Americans who have greater levels of education still face much higher levels of unemployment than other groups.

 Black people with a Masters degree or higher had an 8 percent unemployment rate compared to 3 percent of White people with similar degrees. (Note: This number is based on 2016 data. Current local unemployment data during the COVID-19 pandemic is not available disaggregated by race.)



Unemployment Rate by Educational Attainment and Race/Ethnicity, 2016



Source: Integrated Public Use Microdata Series. Universe includes the civilian noninstitutional labor force ages 25 through 64.

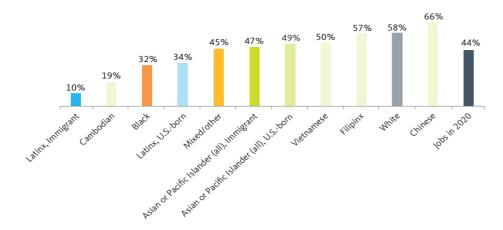
Note: Unemployment for Whites and Blacks with less than a high school diploma and for Native Americans and mixed/others at all education levels is excluded because of small sample size. Data represents a 2012 through 2016 average.

Educational attainment also varies by race.

 In 2020, an estimated 44 percent of jobs in California require at least an Associate's degree, but only 34 percent of U.S.-born Latinx residents, 32 percent of Blacks, and 10 percent of Latinx immigrants hold an Associate's degree or higher.

By 2020, an estimated 44 percent of jobs will require at least an associate's degree.

Share of Working-Age Population with an Associate's Degree or Higher by Race/Ethnicity and Nativity, 2016 and Projected Share of Jobs that Require an Associate's Degree or Higher, 2020



The City will continue to listen, collect data throughout departments and programs, and analyze impacts on population segments specifically related to race. All of this work is vital to developing policies that will end systemic racism in Long Beach, create a more equitable system, resulting in safety, healing, and health for our community.

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If you have any questions, please contact me at (562) 570-5091.

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